



BOROUGH OF LEWES



Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1952

by

G. M. D. S. B. LOBBAN, M.B., Ch.B.,
D.P.H., Fellow R.S.I., Fellow R.I.P.H.,
Fellow S.M.O.H.



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PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1953.

To the Mayor, the Chairman of the Health Committee, the Aldermen and Members of the Lewes Borough Council.

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report for 1952 on the health of the Community and on the sanitary circumstances of Lewes.

The state of public health in the Borough was very satisfactory. There was a low death rate and a high average age at death. The number of births exceeded the number of deaths. Only two deaths were due to tuberculosis and the tuberculosis death rate was about two thirds of that of England and Wales for the same year. One maternal death occurred during the year. This was the first maternal death recorded during the last eight years in the Borough. The death rate of infants under one year of age, called the Infantile Mortality Rate, was much the same as that of the country as a whole which latter rate was one of the lowest ever recorded. The incidence of infectious diseases in Lewes was not high and there were no deaths of notified cases.

The adjusted death rate was 10.17 per 1,000 population for the Borough. The death rate for England and Wales was 11.3. The average age at death in Lewes was 70.37 years. At present the average expectation of life from birth is 65.84 years in the case of males, and 70.88 years in the case of females. For the year 1901 the figures were 48.53 years for males and 52.38 for females. Public health measures have helped very materially in increasing longevity and there is now a greater proportion of old people in the community than ever before.

The causes of death in Lewes in 1952 were headed by the usual triad—heart disease, cancer and vascular lesions of the nervous system. These comprised over 65 per cent. of the total causes of death in the Borough. They supplant deaths from infectious diseases and from tuberculosis which were the chief killers fifty years ago. The bulk of the deaths from the triad mentioned were in the elderly. The mortality from heart disease has increased with the rise in the mean age of the population. The heart is so constructed that it suffers from wear and tear before other organs in the body and with increased age becomes more liable to disease. As the vast majority of instances of cancer occur in individuals in the second half of life the total number dying from this cause has increased as the population grew older. The same can be said about vascular lesions of the nervous system which are cerebral haemorrhage (apoplexy), blocking of the main arteries of the brain and other effusions of blood affecting the brain.

The adjusted birth rate for Lewes was 14.7 per 1,000 population in 1952. The birth rate for England and Wales for the same year was 15.3. Births exceeded deaths in Lewes by 23 and this is satisfactory in so far as they have

more than compensated for the loss of those who died. It is an indication that the population is in a biologically healthy state. There has been a downward trend, however, in the birth rate in Lewes since 1947. Intentional family limitation has been the chief cause in the decline in the number of births. It has been clearly recognised that a standard of living is determined more by family size than by actual income. Moreover, many have adopted the view that it is better to have a few healthy, well-dressed, well-educated children than to have a larger family, the members of which are less well fed, less well clothed and less well educated. This view is not necessarily selfish, for when the future is uncertain such an attitude can be truly altruistic. Lack of living accommodation has prevented many a couple from getting married and bringing up a family. To some extent this has had an influence on the birth rate.

In four years the death rate from tuberculosis has dropped in Lewes from 0.31 per 1,000 population to 0.08 in 1952. Although mortality from this disease has been much less in the Borough than in the country as a whole for a good many years, the downward trend in the numbers of tuberculosis deaths in the town has accompanied the dramatic reduction in tuberculosis mortality experienced throughout the whole country.

During the year a mass miniature radiography unit operated in the town and 2,336 persons were X-rayed. Out of this number 7 or 0.299 per cent. were found to have active pulmonary tuberculosis. Mass radiography is most useful in discovering hitherto unsuspected cases of tuberculosis and is a potent weapon in the fight against the disease.

There was one maternal death in Lewes in 1952. This is a very unusual occurrence as the annual maternal mortality for the town has been nil for a number of years. The exception for 1952 makes the average annual rate for the last eight years 0.68 as against 1.10 for the country as a whole for the same period. The low rate for Lewes is a tribute to all those responsible for the care of mothers before, during and after childbirth and reflects a very high standard of obstetrics.

As to infectious diseases in Lewes there were 99 cases notified in 1952. Measles cases (37) showed a great decrease compared with 360 notified in 1951. The other notifiable cases recorded in 1952 were whooping cough (22), pneumonia (19), erysipelas (3) and acute poliomyelitis (1). There were no cases of diphtheria. This disease has been wiped out by immunisation. Although this happy position has existed for several years there should be no relaxation in immunising children against it.

The Infantile Mortality rate, based upon the number of children dying under one year per 1,000 live births, was less than half in the 1948 to 1952 period than that of the 1923 to 1927 period and about five-ninths of that of the 1928 to 1932 period.

This means that care of pregnant mothers and the care of children at and after birth were vastly improved during the last five years, compared with the previous five-year periods. The virtual control of most infectious diseases in recent years has also played a great part in the reduction of infant mortality.

The number of tuberculosis deaths in Lewes in the 1948 to 1952 period was about one quarter of the number who died from tuberculosis in the years 1923 to 1927 and three tenths of the number who died in the 1928 to 1932 period. The number of scarlet fever cases in the 1948 to 1952 quinquennium was less than a third of that of the 1928 to 1932 period. One case of diphtheria

was notified in the five years 1948 to 1952 : seventeen cases with one death in 1923 to 1927 and forty nine cases with one death in the period 1928 to 1932. It is very rarely that a case of enteric fever occurs nowadays. One was notified in Lewes in the 1923 to 1929 period, four in the quinquennium 1928 to 1932 and none in the five years 1948 to 1952.

Social life, especially in urban communities is only made possible by the control of environmental conditions. This is often forgotten as so much is taken for granted in our ordinary every-day life. Environmental hygiene includes water supply, sewage disposal, housing, food supply and other matters which affect directly or indirectly the health and well-being of the individual and of the community at large.

Frequent sampling of the main water supply taken during the year revealed that the water maintained a high standard of purity. A good deal of work was carried out in the relaying, repairing and clearing of drains. One hundred and one new houses were erected in 1952, thirteen houses were improved up to the standard of the Housing Act 1949, and four additional dwellings were made by conversions into flats. As was to be expected there was a large amount of repair work carried out in houses, many of which have been decaying for years. Inspections of food premises made regularly during the year showed that satisfactory conditions were maintained. The community was well protected against any ill effects which may have arisen through consuming food unfit for human consumption by the condemnation of food held to be unfit. There were no cases of food poisoning notified during the year and this is evidence of the cleanliness in food premises, in the manufacture of foods, in hotel and restaurant kitchens and in the care exercised in the storage and handling of food.

Attention is drawn again to the need of a chlorination plant at the open air swimming bath at the Pells. The present method of chlorination by hand leaves much to be desired as it is impossible to maintain the necessary surplus chlorine in the water to destroy bacteria which may be introduced by bathers.

The facts contained in this report reflect the changes in Public Health. The comparative freedom from epidemic diseases which the population now enjoys rests on the unremitting application of public health measures. Sanitation has robbed the micro-organism of typhoid of its means of spread. Diphtheria has been conquered. It can be said that in one sense the majority of the population die through simply old age, as evidenced by the high average age at death. The death of a mother through childbirth is but a very infrequent occurrence, deaths of infants under one year of age have been considerably reduced in recent years and the dramatic reduction in the number of deaths from tuberculosis is evidence of the great headway made against this disease. Comparisons of the various vital statistics as between those of Lewes and those of the country as a whole show Lewes in a very favourable light.

In conclusion, I wish to thank you for your encouragement and support during the year. I am grateful for the courtesy and help I received from other officials of the Council. My thanks are also due to the general practitioners of the area for their collaboration with the Public Health Department and to the Public Health staff for their willing and loyal co-operation.

I am, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,

M.B., Ch.B., D.P.H., F.R.S.I., etc.,

Medical Officer of Health.

SECTION I

STATISTICS OF THE LEWES AREA, 1952

Area (in acres)	..	..	..	..	..	..	1,981
Population (estimated)	..	..	..	..	..	..	13,030
Rateable Value	..	..	..	..	..	..	£125,887
Sum represented by Penny Rate	..	..	..	..	..	..	£515

EXTRACTS FROM VITAL STATISTICS

				Male	Female	Total	Rate per 1,000 Population	
<i>Live Births</i>								
Legitimate	..	..	..	93	81	174		
Illegitimate	..	..	..	2	3	5		
						179	..	13.74
Deaths	..	..	..	74	82	156	..	11.97
							Rate per 1,000 Live and Still Births	
Maternal Mortality	..	..	..	—	1	1	..	5.46
							Rate per 1,000 Live Births	
Infantile Mortality (Deaths under 1 year of age)	..	..	..	4	1	5	..	27.93

POPULATION

The Registrar-General's estimated population for 1952 is 13,030. The population of Lewes for the last 26 years is as follows:—

Year	Population	Vital Index	Year	Population	Vital Index
1927	11,290	107.80	1940	12,980	92.69
1928	12,450	90.09	1941	13,290	104.83
1929	11,140	80.00	1942	12,410	123.78
1930	11,140	128.50	1943	11,990	108.52
1931	10,790	93.20	1944	11,750	127.21
1932	11,560	150.60	1945	11,530	124.51
1933	11,440	88.40	1946	12,250	137.86
1934	11,790	105.60	1947	12,550	150.57
1935	11,850	98.49	1948	12,950	182.83
1936	11,910	97.56	1949	12,950	120.78
1937	11,920	98.13	1950	12,700	97.14
1938	11,960	81.92	1951	12,940	114.28
1939	12,350	109.80	1952	13,030	114.74

The figures shown above indicate that the drop of 250 in the population of Lewes during the year 1950 has been more than recovered and for only the second time on record the population has exceeded 13,000, the previous occasion being the year 1941. During the 26 years in respect of which records are given above, there has been an overall increase in population of 15.41 per cent. This rate of progress, although not spectacular, would no doubt be much increased if more housing accommodation were available, and it is to be hoped that as building restrictions are withdrawn, so both the number of habitable dwellings and the total population of the town will increase.

The vital index shown in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition, and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shows that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into, and emigration from, an area, have an effect on the state of population, but the birth and death rates constitute the main index of its biological condition.

The vital index for Lewes in respect of the year under review is again well above the hundred mark, indicating that the town is in a biologically healthy state. While this, no doubt, gives cause for congratulation, it is worthy of note that the satisfactory and improved index figure is obtained not so much by an increase in the birth rate, as by the reduction of the death rate.

Maternal Mortality.

During 1952 one woman from the Borough of Lewes died in childbirth. This was the first maternal death of a Lewes resident for eight years, during which period 1,700 births took place. Although every effort must be made to reduce the maternal mortality rate still further, a consideration of the figures quoted will indicate very clearly the small element of risk to which women are exposed during childbirth so far as Lewes mothers are concerned.

There is no doubt that the very low maternal mortality rate throughout the country as a whole, which for the year 1952 was eight per million women between the ages of 15-44 or one in 125,000, is due to the intensive drive to reduce maternal mortality which has been conducted by the health authorities of the country during the last few years. The drive has taken many forms and includes the provision of ante-natal clinics, the improvement of standards of training for midwives, the framing of Regulations to ensure that cases of puerperal pyrexia are promptly notified, the improvement of obstetric methods and the use of many new drugs.

Infantile Mortality.

Five infants died in Lewes during the year 1952 before reaching one year of age. This total represents an infantile death rate of 27.93 per 1,000 related live births, which is very slightly higher than the figure of 27.6 for the

country as a whole. The infantile death rate for the Borough during the year 1951 was 32.61 per 1,000 related live births, six infants having died during the year. It will thus be seen that one less infantile death occurred in the Borough in 1952, or a reduction of 16.6 per cent.

When giving consideration to the infantile mortality rate, particularly when comparing the rate for the Borough with that of the country as a whole, it must always be borne in mind that the figure for the country is based on numbers, both of infantile deaths and related live births, sufficiently large to enable the rate to have real statistical significance. This, however, is not the case so far as any selected year in the Borough is concerned, as usually less than 200 live births take place during the year and six or less infantile deaths in the same period. It will thus be seen that one death more or less will lead to a very large variation in the infantile mortality rate for the Borough, and the only way in which a true comparison can be made with the rate for the country as a whole is to compare the average figure for Lewes over a period of years, with the average figure for the country as a whole during the same period. On this basis, the rate for Lewes for the last eight years approximates two-thirds that for the whole country for the same period.

BIRTH RATE

The crude birth rate for the year under review was 13.74 per 1,000 population. This represents a drop of 0.48 or just under 3.4 per cent. on the figure of 14.22 per 1,000 population for 1951. Although the lowering of the rate is slight, it is of importance in that it continues a downward trend which has been in evidence each year since 1947 with the exception of last year. During these six years the birth rate has dropped from 20.88 in 1947 to the present figure of 13.74 in 1952. This is a considerable reduction and is in all probability due mainly to the unsatisfactory housing position which exists in Lewes and, indeed, in most parts of the country. Couples who can see no chance of obtaining separate living accommodation are reluctant to marry. If they are lucky enough to obtain a room or small flat of their own, they are still not desirous of bringing up a family until they obtain a home with more space and a greater number of amenities. It would seem, therefore, that one of the most practical methods of halting the decline in the birth rate in the Borough would be to provide as many roomy and convenient dwellings as possible. For a number of years this has been an unattainable ideal, but there are signs that, even if local authorities are not permitted greatly to increase the number of dwellings they provide themselves, the housing position will gradually improve through the removal of the restrictions on building by private enterprise. It is greatly to be hoped that this easing of pressure on housing accommodation, together with an appreciable lessening of international tension, may lead to the establishment of a more satisfactory average annual birth rate.

An area comparability factor of 1.07 is applicable to the birth rate in the Borough. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted Birth Rate of 14.70, which is very little below that of England and Wales, which was 15.30 per 1,000 population.

DEATH RATE

The crude death rate for Lewes for the year 1952 was 11.97 per 1,000 population. This is a reduction in the crude death rate in the Borough for the preceding year (12.44).

An area comparability factor of 0.85 is applicable to the death rate of 12.44 per 1,000, and this gives an adjusted figure of 10.17 per 1,000 population. The death rate for England and Wales for 1952 was 11.30 per 1,000 population.

The average age of death is 70.37 years, which compares favourably with the expectation of life throughout England and Wales.

The highest age at death was	..	..	97 years
The lowest age at death was	..	..	2 hours
The average age at death was	..	..	70.37 years

CAUSES OF DEATH

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	33	28	61
Cancer	13	13	26
Vascular Lesions of Nervous System	7	8	15
Pneumonia	5	5	10
Other Circulatory Disease	4	5	9
Hyperplasia of Prostate	3	—	3
Diabetes	1	1	2
Suicide	1	1	2
Accidents other than Motor Vehicle Accidents ..	—	2	2
Tuberculosis, Respiratory	1	—	1
Tuberculosis, other	—	1	1
Influenza	1	—	1
Bronchitis	1	—	1
Pregnancy, Childbirth, Abortion	—	1	1
Congenital Malformation	—	1	1
Other Defined and Ill-defined Diseases	4	16	20
	74	82	156

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System.

As is usual in Lewes and, indeed, in most areas, heart disease heads the list of causes of death. In the past this has by no means always been the case but nowadays many of the former killers have been reduced to comparative impotence by modern methods of prevention and cure. So far as the heart is concerned, however, this is a muscle, approximately the size of a clenched fist, which acts as a pump, forcing blood at the rate of from nine to ten tons a day through the body's circulatory system and pumping day and night without intermission, at the average rate of 70 strokes a minute.

Even the most perfect of machines will wear out in time, and the heart is no exception to the rule. Thus, as fewer and fewer deaths from other causes occur, the occasion more frequently arises when the heart simply wears out from old age, resulting in yet another death from heart disease.

Apart from this "wearing-out" process, there are several kinds of heart disease. Congenital heart disease, due to a fault in the heart at birth, is found in "blue babies," which nowadays have a better chance of living than was the case a few years ago. Various infections also give rise to diseases of the heart. Rheumatic fever is the disease which most commonly gives rise to heart disease as a complication. Prompt medical care and a long period in bed may, however, lead to a complete recovery. Heart disease is often due to blood-vessels in the heart becoming damaged, and angina pectoris and coronary thrombosis are examples of this form of the disease.

In all of the types of heart disease enumerated present-day medical knowledge gives to the patient a very good chance of living a useful, normal life, quite probably for as long a span as can be expected by those not suffering from the illness.

Cancer

Twenty-six persons died of cancer in Lewes during 1952, the number of deaths being equally divided between men and women. It is a tragic circumstance that, although in some forms of cancer the chances of cure are immensely improved if the disease is discovered and treated at an early stage, the opportunity is often missed through the fear of the sufferer which causes him to delay visiting a doctor until the condition is well established. It cannot be too strongly emphasised that many forms of cancer are curable if diagnosed and treated at an early stage, particularly cancer of the breast in women, or cancer of the skin.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. A total of fifteen deaths in Lewes was classified under this heading during 1952, seven being males and eight females. This is a reduction of nine on last year's total of twenty-four. Most of these deaths occur amongst elderly persons and are due to the degeneration which takes place in the blood vessels in persons of advanced age.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952. Provisional figures based on Quarterly returns.

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000- 50,000 at 1951 Census)	London Adminis- trative County	Lewes 1952 Population 13,030
Rates per 1,000 Home Population					
Births : Live	15.3	16.9	15.5	17.6	13.74
Still	0.35	0.43	0.36	0.34	0.31
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	22.35(a)
Deaths : All Causes	11.3	12.1	11.2	12.6	11.97
Typhoid and Paratyphoid ..	0.00	0.00	0.00	—	0.00
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.15
Influenza	0.04	0.04	0.04	0.05	0.08
Smallpox	0.00	—	—	—	0.00
Acute Poliomyelitis (includ- ing Polioencephalitis) ..	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.77
Notifications (Corrected) :					
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.02	0.02	0.03	0.01	0.00
Meningococcal Infection ..	0.03	0.03	0.03	0.02	0.00
Scarlet Fever	1.53	1.75	1.58	1.56	0.00
Whooping Cough	2.61	2.74	2.57	1.66	0.00
Diphtheria	0.01	0.01	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.14	0.23
Smallpox	0.00	0.00	0.00	—	0.00
Measles	8.86	10.11	8.49	9.23	2.84
Pneumonia	0.72	0.80	0.62	0.57	1.46
Acute Poliomyelitis (includ- ing Polioencephalitis)—					
Paralytic	0.06	0.06	0.06	0.06	0.00
Non-paralytic	0.03	0.03	0.02	0.03	0.08
Food Poisoning	0.13	0.16	0.11	0.18	0.00
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	0.00
Deaths :	Rates per 1,000 Live Births				
All Causes under 1 year of age	27.6(b)	31.2	25.8	23.8	27.93
Enteritis and Diarrhoea under 2 years of age ..	1.1	1.3	0.5	0.7	0.00

Maternal Mortality in England and Wales

<i>Intermediate List No. and Cause</i>	<i>Number of Deaths</i>	<i>Rates per 1,000 of Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>	<i>LEWES</i>
A 115 Sepsis of Pregnancy, Childbirth and the Puerperium	61	0.09		—
A116 { Abortion with Toxaemia ..	13	0.02	1	—
Other Toxaemias of Pregnancy and the Puerperium ..	147	0.21		—
A117 Haemorrhage of Pregnancy and Childbirth	59	0.09		—
A118 Abortion without mention of Sepsis or Toxaemia ..	31	0.04	3	1
A119 Abortion with Sepsis ..	47	0.07	5	—
A120 Other complications of Pregnancy, Childbirth and the Puerperium	138	0.20		—

(a) Per 1,000 Total (Live and Still) Births

(b) Per 1,000 related Live Births

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for the Borough of Lewes also acted as Medical Officer of Health for the Urban Districts of Newhaven and Seaford and the Rural District of Chailey. The East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, provides an efficient means of administering the Joint Appointment.

One Sanitary Inspector carried out duties in the Borough.

2. Laboratory Facilities

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved of great assistance during the year.

The Laboratory has carried out for the Borough, free of charge, the examination of sputum, throat, nose and laryngeal swabs and faeces, and has also undertaken the examination of ice-cream and milk. Altogether the Laboratory carried out 165 different examinations for the Borough during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the medical practitioners practising in the Borough. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any impurities or infective organisms in milk, ice-cream or foodstuffs generally.

3. Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses two ambulances and a sitting case car

at the Market Tower Clinic in the town. During 1952 these vehicles were available for the conveyance of both infectious and non-infectious cases and arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. The vehicles are staffed by members of the St. John Ambulance Brigade and are serviced, as necessary, by the drivers or by a commercial garage. If a further call is received while both the ambulances are out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

The East Sussex County Council provides facilities for the transport of tuberculous patients.

4. Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

5. Clinics and Treatment Centres

The following is a list of Clinics and Treatment Centres available in Lewes during 1952 :—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Infant Welfare Centre, Castlegate House, Lewes	Tuesday afternoon, 2.15-4 p.m.	E.S.C.C.
Chest Clinic, Victoria Hospital, Lewes	Monday, Wednesday and Friday, at 2 p.m., by appointment	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., Lewes	Monday, Wednesday and Friday, 10-1 p.m., by appointment	Mid-Sussex Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday Women 2.15 p.m. Men 3.30 p.m.	Regional Hospital Board
Minor Ailment Clinic, Market Tower, Lewes	Monday to Friday, 9 a.m. to 10 a.m.	County Education Committee
Dental Clinic, Market Tower, Lewes	By appointment	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes	2nd and 4th Tuesday in each month at 2 p.m.	Regional Hospital Board

In addition to the above, patients from Lewes were treated at the Brighton Sanatorium, the Royal Sussex County Hospital and the Children's Hospital, Brighton.

6. Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

7. Provision for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency services in respect of patients outside institutions. All institutional care is the responsibility of the Regional Hospital Board.

8. Mass Radiography Units

The East Sussex Mass Radiography Unit operated in Lewes from 25th June, 1952, to 16th July, 1952, when 2,336 persons presented themselves for X-ray. The service is proving of great benefit to the community in leading to the discovery of early cases of tuberculosis.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY

The Water Supply is derived almost entirely from the Lewes Corporation Waterworks. Some private wells are still being used. The Corporation Waterworks are situated at the south-west end of the town. The water is pumped from the well into four covered distributing reservoirs, i.e., Jubilee Park, Race Hill (2), and Western Road.

(a) The supply is constant, of good quality, and sufficient for the needs of the community.

(b) The Public Analyst took during the year samples of water from the Lewes Well—quarterly for chemical and bacteriological examination, and monthly for examination for organisms of the Coli group. The following is a copy of one of his reports:—

REPORT upon a sample of water taken on 6th August, 1952. Sample labelled "Lewes Well."

The water on arrival had the following characteristics:—

Colour	..	None
Smell	..	None
Sediment	..	None

Chemical Analysis afforded the following:—

					<i>Grains per Gallon</i>	<i>Parts per Million</i>
Total Solids (dried at 100°C)	..	..	..	..	32.0	
Solids (after ignition)	..	..	..	..	28.0	
Chlorine	..	..	..	..	1.7	
Ammonia (free)	..	..	..	..	..	.018
Ammonia (albuminoid)	..	..	..	..	..	.048
Oxygen taken from permanganate in $\frac{1}{4}$ hour	..	..	..	..	Nil	
Oxygen taken from permanganate in 4 hours	..	..	..	..	Nil	
Nitrogen as Nitrates and Nitrites	..	..	..	..	.28	
Nitrites	..	..	..	..	Nil	
Hardness (total)	..	..	..	..	15.8	
Hardness (after boiling)	..	..	..	..	4.4	
Phosphates	..	..	..	..	Nil	
Metallic Impurity—Iron	..	..	..	..	.045	
Ph	..	..	..	7.3		

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22°C under aerobic conditions and were then visible to the naked eye as colonies were	1
On Agar at blood temperature and under aerobic conditions colonies were noticed after two days' incubation	Nil
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water	Nil
Free Chlorine—just detected	

Report

Both chemically and bacteriologically this water is satisfactory, and I am of opinion, therefore, that it is perfectly safe for drinking purposes, and suitable for a Public Supply.

(c) As the water supplied from the Lewes Well is not liable to have plumbo-solvent action, it has not been necessary to take any precautions.

(d) Also no other form of contamination of the supply has occurred during the year.

(e) In conclusion, all dwelling houses in the Borough have a direct piped supply from the public water main, with the exception of 11 houses which receive their supply from private wells, but this is also piped direct to these houses.

2. DRAINAGE AND SEWERAGE

Water carriage system : 60 houses only being connected to septic tank system or cesspools.

The sewerage system provides for the converging of all sewers into the sewage disposal works at Southerham, where the effluent, after the passing of the sewage through a detritus chamber, screens, and sedimentation tanks, is stored in reservoirs until it is discharged into the River Ouse at suitable states of the tide.

3. CLOSET ACCOMMODATION

Water closet, part hand flushed, but chiefly by flushing cistern.

4. SCAVENGING

The collection of house refuse is carried out once a week over the whole district, and disposal was effected by controlled tipping on low-lying ground.

The amount of salvage collected during the year was :—

Metals—48 tons 5cwt. 1qr.	Value £349 10 2
Textiles—29 tons 17cwt. 2qr. 18lb.	£437 1 9
Paper—47 tons 2cwt. 0qr. 20lb.	£651 11 0

5. HOUSING STATISTICS

1. Number of new houses occupied during the year :—

(a) Total	101
Erected by Local Authority	60
Erected by other persons	41

(b) Additional dwellings by conversions into flats .. 4

2. Number of houses improved up to standard of Housing Act, 1949 13

3. Statutory action taken under Housing Act, 1936 4

4. Statutory action taken under Public Health Act, 1936 .. 1

6. SANITARY INSPECTION

(a) VISITS and INSPECTIONS

Houses and Premises Inspected	..	..	..	..	..	203
Complaints attended to	..	..	..	..	..	85
Visits to Slaughterhouses	..	..	..	..	..	15
Visits to Knackers Yards	..	..	..	..	..	10
Visits to Milkshops and Dairies	..	..	..	..	..	45
Visits to Ice-cream Premises	..	..	..	..	..	32
Visits to Bakchouses	..	..	..	..	..	13
Visits to Fried Fish and other Food Shops	..	..	..	..	..	100
Visits made regarding drainage	..	..	..	..	..	106
Visits under Factories Acts	..	..	..	..	..	66
Visits regarding Sickness	..	..	..	..	..	29
Rooms Disinfected	..	..	..	..	..	17
Inspection of Verminous Houses	..	..	..	..	..	14
Houses Disinfested	..	..	..	..	..	44
Visits regarding Rodent Control	..	..	..	..	..	1,484
Inspections under the Petroleum Act	..	..	..	..	..	20
Inspections of Pig Keepers' Premises	..	..	..	..	..	13
Visits made under the Shops Act	..	..	..	..	..	23
Visits to Pet Shops	..	..	..	..	..	8
Visits to Cinemas	..	..	..	..	..	6
Visits to Swimming Baths	..	..	..	..	..	7
Drains tested by Smoke or Colour	..	..	..	..	..	2
Drains tested by Water	..	..	..	..	..	27
Samples of Milk taken	..	..	..	..	..	40
Samples of Ice-cream taken	..	..	..	..	..	25
Visits made for Sundry Purposes	..	..	..	..	..	225
Visits made for Re-inspections	..	..	..	..	..	119
Smoke Observations	..	..	..	..	..	9

(b) NUISANCES ABATED AND REPAIR WORK CARRIED OUT

Dampness remedied	..	..	..	..	..	31
Choked Drains cleared	..	..	..	..	..	19
Drains relaid or repaired	..	..	..	..	..	14
W.C.s repaired or reconstructed	..	..	..	..	..	8
Flushing Cisterns provided	..	..	..	..	..	7
Sink Waste Pipes	..	..	..	..	..	1
Eaves, Gutters and Rainwater Downpipes	..	..	..	..	..	8
Dustbins provided	..	..	..	..	..	6
Doors and Door Frames	..	..	..	..	..	2
Fireplaces and Ranges	..	..	..	..	..	8
Floors	..	..	..	..	..	5
Roofs	..	..	..	..	..	14
Plasterwork of Ceilings and Walls	..	..	..	..	..	32
Window Frames	..	..	..	..	..	11
Yard Walls	..	..	..	..	..	1
External Walls	..	..	..	..	..	6
Staircases	..	..	..	..	..	4
Chimney Stacks	..	..	..	..	..	5
Inspection Chambers repaired or installed	..	..	..	..	..	3
Rooms cleansed	..	..	..	..	..	2
Verminous Houses cleared	..	..	..	..	..	14
Accumulations removed	..	..	..	..	..	11

(c) IMPROVEMENTS

Baths provided	..	..	..	..	..	51
Additional W.C.s (internal) provided	..	..	..	..	..	41

7. INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply

The greater part of the milk supply is drawn from outside the Borough, there being only two cowkeepers registered within the Borough, one of which is licensed as a Producer-Retailer of "Tuberculin Tested" milk. There are nine other retailers registered, each of which holds licences for the sale of "Tuberculin Tested" and "Pasteurised" milk. Pasteurisation is carried out at one licensed dealer's premises.

The whole of the milk retailed within the Borough is of a "designated" supply, being either "Tuberculin Tested" or "Pasteurised."

Inspections of dealers' premises showed that these were kept in a clean and satisfactory condition.

Samples of milk submitted to the Public Health Laboratory Service, Royal Sussex County Hospital, Brighton, for examination, were as follows :—

(i) Bacteriological Examination

Twenty-three samples submitted, all of which satisfied required tests.

(ii) Biological Examination

Seventeen samples submitted, one showed *M. tuberculosis* on guinea pig inoculation, and in three others *Brucella abortus* was isolated.

The steps taken to deal with the unsatisfactory samples were as follows :

(1) Sample infected with Tuberculosis

The Divisional Inspector of the Ministry of Agriculture and Fisheries was notified, and a veterinary investigation of the herd was carried out, also a notice under the Milk and Dairies Regulations, 1949, prohibiting the sale of milk from this herd, unless it was suitably treated, was served on the Producer.

(2) Sample infected with *Brucella abortus*

The Local Authority in whose area the three milks were produced was notified, and in each case pasteurisation of the supply was carried out until the herds were found free of infection.

(b) Ice-Cream

There are forty premises registered for the sale of ice-cream, and none for manufacture. The greater part of the ice-cream sold is pre-packed, and all retailers have co-operated in maintaining a good standard of cleanliness in respect of their premises and equipment.

Twenty-five samples of ice-cream were submitted during the year to the Public Health Laboratory Service for bacteriological examination ; the reports of the gradings of these were :—

Grade I	..	4
Grade II	..	11
Grade III	..	8
Grade IV	..	2

Results of the reports were sent to the vendors, and in cases where the samples were classified as being unsatisfactory (i.e., Grades III or IV), the respective Authorities in which the ice-cream was produced were informed, and asked to co-operate in carrying out investigations, and give advice as to improvement.

(c) Meat and Other Foods

At only one slaughterhouse was any slaughtering done during the year, and this was for the occasional slaughter of pigs by licensed slaughtermen for small pig keepers, slaughtering for their own consumption.

Inspections of food premises were made regularly throughout the year, and satisfactory conditions were maintained.

A certain amount of food was found on inspection to be unfit for human consumption, and was voluntarily surrendered for destruction by the owners. The following summary shows details of the food which was found to be unfit :—

Fish	3cwt. 1qr. 1st. 8lb.
Crabs	12
Cooked Ham, Canned	2cwt. 1st. 6lb. 6oz.
Bacon	35½lb.
Sausages	12lb.
Pork Pies	38
Biscuits	62lb.
Flour	27lb.
Cakes and Rolls	18
Sugar	3lb.
Chocolate and Sweets	76 blocks, bars and packets
Tea	7¼lb.
Canned Fruit	395 tins
„ Meat	162 „
„ Vegetables	84 „
„ Baby Foods	40 „
„ Jam and Marmalade	37 „
„ Soup	33 „
„ Milk	30 „
„ Fish	23 „
Processed Cheese	16 packets
Jellies	14 „
Cocoa	14 „
Sandwich Spread	9 jars
Other Assorted Groceries	21 tins, bottles and jars

8. RODENT CONTROL

In addition to dealing with individual complaints of rat or mice infested premises, regular surveys have been made of likely infested premises and land, and where infestations have been found these have been treated.

Regular supervision and treatment of the Council's refuse tip has resulted in its being kept almost completely free from rats.

Maintenance treatments of the sewer system were not found necessary during the year, as manhole tests showed the whole of the sewers to be free of rats.

Details of rats and mice destruction during the year are as follows :—

Visits made to premises	1,462
Number of infestations found and cleared	95

9. SWIMMING BATHS

The open-air swimming bath at the Pells is owned by the Council. The bath capacity is 225,500 gallons, and it is completely emptied, cleansed, and refilled at fortnightly intervals ; also approximately one-eighth of the volume of water is changed daily.

Chlorination of the water is done by hand at the end of each day's bathing. Results of tests showed that it is not possible to maintain the necessary surplus chlorine by hand chlorination during the day, to destroy any bacteria which may be introduced by bathers, or contamination from other sources.

10. PETROLEUM ACT, 1928

Forty licences were issued for the storage of Petroleum Spirit, and one for Carbide of Calcium, under the above Act.

The total quantities that might be kept under these licences were :—

Petroleum Spirit	40,513 gallons
Carbide of Calcium	672lb.

Fees amounting to £26 10s. were received.

11. FACTORIES ACT, 1937 AND 1948

There are sixty-four factories in the Borough, in which Sections 1, 2, 3, 4 and 6 of the Act can be enforced by Local Authorities (i.e., factories in which no mechanical power is used). During 1952 twenty-seven inspections were carried out in these premises, defects were found in three premises, and each was remedied.

Under Section 7 of the Act, there are eighty-one factories on the register. Thirty-five inspections were carried out in these premises, and defects found in two of the premises were remedied.

There were also seven other premises under the Act of which four inspections were made.

In connection with outwork, there are four persons employed in this category, making or altering wearing apparel; no defaults were brought to the notice of the Public Health Department among these workers.

12. PET ANIMALS ACT, 1951

There are three premises in the Borough which are licensed as Pet Shops under the above Act. The sale of pets in each case is only ancillary to the main business, which is that of seed merchants, and is confined generally to the sale of birds and goldfish.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

Ninety-nine cases of infectious disease were notified in Lewes in 1952. The details are as follows :—

<i>Disease</i>				<i>Total Cases Notified</i>	<i>Cases admitted to Hospital</i>	<i>Total Deaths</i>
Erysipelas	..	..	..	3	1	—
Measles	..	..	..	37	—	—
Pneumonia	..	..	..	19	—	—
Poliomyelitis	..	..	..	1	1	—
Scarlet Fever	..	..	..	17	1	—
Whooping Cough	..	..	..	22	—	—
Totals	..	..	..	99	3	—

Erysipelas

Three cases of erysipelas were notified in the district during 1952. Two of the three cases were treated at home and made uneventful recoveries. The third case was of a middle-aged woman with facial erysipelas which had spread to her eyes. She was treated in hospital with chloromycetin and the condition cleared up completely in four days. In the past, erysipelas has been a serious condition, lasting for several weeks and frequently proving fatal. At present, in addition to the great reduction in the number of cases occurring, the length and severity of the illness has been greatly reduced by the use of sulphonamide drugs and chloromycetin. A factor which has probably been of some importance in reducing the incidence of erysipelas is the improved standards of nutrition existing throughout all classes, as malnourished or undernourished persons are more liable to attacks of the illness than are people enjoying an adequate and well-balanced diet.

Measles

Of the total of ninety-nine cases of infectious disease which occurred in the Borough during 1952, thirty-seven were of measles. Thus, although 1952 was a year of low incidence so far as cases of measles in the district were concerned, nevertheless over one-third of all infectious diseases cases in the area were of measles. In years of high incidence measles is responsible for a very large proportion indeed of the infectious diseases in this and most other areas.

All of the thirty-seven cases were treated at home and made rapid and uneventful recoveries. It is seldom of use to admit a case of measles to an isolation hospital in an effort to avoid the spread of the disease, as unfortunately the period during which the patient is infectious has usually expired before a doctor is called in.

The chief dangers which may arise from measles are due not so much to the illness itself, which is usually of a mild nature, but to the complications which may ensue. The chief of these is the possibility of pneumonia occurring. The use of penicillin and sulphadiazine has, of course, made the treatment of measles and its complications much more effective than it was in the past. The development of sulpha drugs and antibiotics has, in fact, brought about a dramatic reduction in the case fatality from the disease and has reduced the percentage of cases which prove fatal to approximately 0.05, or about one quarter of the percentage in 1940.

Experiments have been made in the development of forms of immunisation against the disease but at present any immunity created by their use is very temporary.

Pneumonia

Nineteen cases of pneumonia were notified during the year under review, none of which were sufficiently serious to require admission to hospital. All cases notified made satisfactory recoveries.

Poliomyelitis

It is satisfactory to record that only one case of poliomyelitis occurred in the Borough during 1952. This case was of a three-year-old girl who was admitted into hospital in September, 1952. She did not develop the paralytic type of the disease and made an uncomplicated recovery. Although our knowledge of the causative factors of this disease is still small, it is shewing a steady and encouraging increase. We know that it is caused by a very

minute organism known as a virus. In recent years its distribution has been very general among the different age groups and it has become obvious that the early, popular, name of infantile paralysis is a misnomer, as the illness is not confined to the younger age groups and is by no means always accompanied by paralysis. Probably the most useful single item of knowledge that we have acquired regarding the treatment of the disease is that cases are nearly always more severe if fairly heavy exertion has taken place shortly before the illness began to make its presence felt, and immediate cessation of all forms of exertion directly poliomyelitis is a possibility may lead to the avoidance of the more severe forms of the disease. As the throat is one of the means of entry of the infection, the removal of tonsils should be postponed wherever possible during periods when the disease is prevalent, as the making of a raw surface in the throat might make it easier for the virus to invade the system.

Scarlet Fever

Only one of the seventeen cases of scarlet fever which occurred in the Borough during 1952 was admitted into hospital. The admission to hospital was made, not because of any exceptional severity of the case, but owing to the fact that satisfactory isolation could not be arranged at home. A rather larger number of cases of scarlet fever were notified in the Borough during 1952 than has been the case for some years past. While they have been of no particular severity, the increased incidence tends to emphasise the warning contained in my annual report for 1951 that a complacent attitude of mind must not be permitted to develop in connection with the illness. In the past the severity of scarlet fever has waxed and waned over comparatively long periods and, although it is to be hoped that the use of modern drugs and improved methods of treatment will greatly modify the ill-effects of any such increase in severity which may occur in future, nevertheless the greatest care must be exercised to ensure that benefits ensuing from the use of the greatly improved weapons of modern science are not nullified by lack of care and proper precautions by any concerned in the treatment of the disease.

Whooping Cough

Twenty-two cases of whooping cough were notified in the Borough during 1952, none of which were of sufficient severity to merit admission to hospital. It is pleasant to note that the severity of the disease has been so slight in the area, as whooping cough can be an extremely serious illness and, in fact, its case fatality is about five times that of measles. For this reason it is to be hoped that the great strides made in recent years in the development of a vaccine for use against the disease will continue, and eventually the vaccination of the infant community against whooping cough will be as safe, simple and uniformly satisfactory as is now the case with inoculation against diphtheria.

Whooping cough is most dangerous for very young children, particularly those under one year of age, and over half the deaths from whooping cough occur among infants under a year old. For this reason it is particularly necessary to protect infants in this age group as far as possible by keeping them away from possible contacts when whooping cough is known to be about.

If whooping cough is suspected, it is better to ask the doctor to visit the child rather than risk spreading infection by taking the child to a crowded surgery.

General

During the whole of 1952, only ninety-nine cases of infectious disease were notified in Lewes. This number was very nearly exactly one quarter of the 1951 total, the difference being almost entirely due to the difference in the number of notifications of measles, 360 cases having been notified in 1951 and only 37 cases in 1952. This difference is, of course, normal, the incidence of measles being subject to very regular annual variations, years of heavy and light incidence usually alternating. The incidence of whooping cough suffered little variation but a significant increase occurred in the number of notified cases of scarlet fever. Seventeen cases of this disease were notified in the Borough during the year under review, this being the first post-war year when the number has risen into double figures. The average number of cases notified annually in the preceding six years has been slightly less than six, so it will be noted that the number of cases recorded in 1952 is very nearly three times the average figure for some years past. Happily, the severity of the illness has not been great but vigilance must be maintained as the disease may regain its place amongst the most serious of childhood illnesses.

It is pleasant to be able to record that no case of food poisoning was notified in the district during 1952. The incidence of food poisoning throughout the country as a whole has increased considerably during the last decade. This, no doubt, is due very considerably to the fact that of recent years a large proportion of the population has taken the main meal of the day at restaurants and schools or works canteens.

SECTION V TUBERCULOSIS

In 1952 twenty-six cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were notified, whilst during the year there was one death from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Details are given in the following table:—

AGE PERIODS	1952—NEW CASES AND MORTALITY							
	NEW CASES				DEATHS			
			Non-				Non-	
	Pulmonary		Pulmonary		Pulmonary		Pulmonary	
	M	F	M	F	M	F	M	F
0	1	—	—	—	—	—	—	—
5	4	—	—	1	—	—	—	—
10	—	1	—	—	—	—	—	—
15	1	—	—	—	—	—	—	—
20	—	—	—	—	—	—	—	—
25	—	1	—	—	—	—	—	—
30	2	—	—	—	—	—	—	—
35	2	—	—	—	—	—	—	—
40	1	3	—	—	—	—	—	—
45	2	1	—	—	—	—	—	—
50 and upwards ..	6	1	1	1	1	—	—	1
Totals	19	7	1	2	1	—	—	1

The single death from pulmonary tuberculosis which occurred in Lewes during the period under review gives the lowest death rate from this type of the disease in the Borough since 1940, when one death was also recorded.

Twenty-six cases of pulmonary tuberculosis were notified in Lewes during 1952, this being four more than were recorded in 1951. There is no doubt that the reason for the large number of notifications, compared with the numbers recorded prior to 1951, is that the mass radiography unit operating in the area is leading to the discovery of hitherto unsuspected cases. The fact that four more cases were notified in Lewes than in 1951, the first year in which the mass radiography unit operated in the area, is encouraging insofar as it tends to shew that more and more people are making use of the facilities offered by the Unit.

The Mass Radiography Unit operated in the area during the period from 25th June to 16th July, 1952, when, out of a population of 13,100, 1,197 men and 1,139 women were X-rayed. With the exception of children leaving school, no persons under 15 years of age were X-rayed, the total number in this excluded group being approximately 1,800. Thus, out of a possible total of 11,300, 2,336 or 20.67 per cent. were X-rayed.

Of the total number examined, 7, or 2.99 per 1,000, were found to be infected with active pulmonary tuberculosis.

In recent years much progress has been made in the development of techniques for the early discovery and treatment of tuberculosis. These techniques include the use of mass radiography to assist in the early discovery of the disease, the pasteurisation of milk and the gradual elimination of tuberculous cattle from herds, the use of B.C.G. vaccine to protect persons known to be at risk, treatment of infected persons with streptomycin and P.A.S., and much improved surgical treatment.

There is no doubt that the combined application of these various methods of attack is resulting in a steady and considerable improvement in the position so far as the war against tuberculosis is concerned.

One death was recorded during the year due to the non-pulmonary type of the disease. The death rate from tuberculosis including pulmonary and non-pulmonary types for 1952 is 0.15 per 1,000 population, which is less than two-thirds of the rate for England and Wales as a whole.

